

Dear Wage Claimant:

Thank you for contacting the Kansas Department of Labor for help regarding your unpaid wages. Kansas law provides a procedure for our Office of Employment Standards to help you collect your unpaid wages. This letter outlines the steps you must take to collect your unpaid wages.

1. If you have not been paid all of your earned wages, please complete the enclosed "Claim for Wages" form and mail it to Kansas Department of Labor, Employment Standards, 401 S.W. Topeka Boulevard, Topeka, KS 66603-3182. We will then assign a Labor Conciliator who will review your claim and contact you to ask more questions if necessary.
2. When your Claim for Wages form is complete, your Labor Conciliator will forward a copy of your claim to the employer, requesting that they provide a response within 14 days.
3. If payment is not made by your employer, the Employment Standards office will conduct an investigation pursuant to the Kansas Wage Payment Law (K.S.A. 44-313 et seq.).
4. If your claim cannot be settled through the investigative process, we will schedule a hearing before a presiding officer and a "Notice of Hearing" will be mailed to you and your employer.
5. If there is a hearing, the presiding officer will decide whether the employer owes the wages and any applicable penalty and interest. If the decision is in your favor, the presiding officer will order the employer to pay your wages.
6. If the employer does not pay as ordered, you may request the Kansas Department of Labor legal staff to enforce the presiding officer's order in court. If you prefer, your private attorney may file the court action at your expense.

The more information you can provide on the claim form, the quicker we can resolve your claim. However, if you don't know the answer and can't get the information or the document requested, complete the rest of the form and submit it.

If you have any questions about this process, please contact our office at 785-296-4062.

Employment Standards Staff

EMPLOYMENT STANDARDS

401 SW Topeka Blvd, Topeka, KS 66603-3182 • phone 785-296-4062 • fax 785-368-6462 • www.dol.ks.gov

CLAIM FOR WAGES

Kansas Department of Labor

Office of Employment Standards • 401 SW Topeka Blvd, Topeka KS 66603-3182 • Phone: 785-296-4062 Fax: 785-368-6462

CLAIMANT

**PLEASE PRINT: Please complete as much information as possible to help us resolve your claim quickly.
Use additional space provided on page 4 or add more pages if necessary.**

- Ms
1. Mr. _____
First Name Middle Last Age Social Security Number
2. _____
Street Address City State ZIP
3. _____
Home Phone Work Phone Name and Phone Number of Relative, Friend or Neighbor

YOU MUST notify the Office of Employment Standards if your address or phone number changes.

EMPLOYER WHO OWES WAGES

4. Business Name: _____ Phone No.: _____ Fax No: _____
5. Street Address: _____ City _____ State _____ ZIP _____
- Corporate address if different: Street _____ City _____ State _____ ZIP _____

6. List the name, position and address of all people in supervision who had the authority to make decisions about your pay.

Name	Position	Address (street, city, state, zip)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Address where work was performed: _____

8. Address where employer maintains payroll and personnel records, if different than above: _____

9. While you were working, was this employer serving as a SUB CONTRACTOR? ☐ Yes ☐ No

If YES, name and address of general contractor: _____

10. Employer is: (circle one) PARTNERSHIP CORPORATION INDIVIDUAL PROPRIETORSHIP DON'T KNOW

11. IF THE EMPLOYER IS A CORPORATION, complete the following if you know:

12. Licensed in Kansas? ☐ Yes ☐ No

Name of Resident Agent: _____ Address: _____

Name of President: _____ Address: _____

Name of Secretary: _____ Address: _____

Name of Treasurer: _____ Address: _____

Other Corporate Manager: _____ Address: _____

TERMS OF EMPLOYMENT

13. Did you work under a WRITTEN CONTRACT? ☐ Yes ☐ No If Yes, ATTACH A COPY if possible.

14. _____
Type of work Your specific job or title mo/day/yr Started mo/day/year Ended

15. How did employer compute your pay? By the: ☐ HOUR ☐ WEEK ☐ TWO WEEKS ☐ MONTH ☐ PIECE WORK ☐ COMMISSION

16. At the time you earned the unpaid wages, what was your RATE OF PAY? \$ _____

17. How many days in your PAY PERIOD? _____ 18. What was the last day of your pay period? _____ 19. What was your pay day? _____

20. Explain your agreement if you were paid by COMMISSION or PIECEWORK: _____

21. Union Agreement? ☐ Yes ☐ No If yes, what is the name and address of local, national, international union? _____

_____ Business agent? _____

22. Are you still working for this employer? ☐ Yes ☐ No If No: ☐ QUIT ☐ FIRED ☐ LAID-OFF

Explain: _____

WAGES CLAIMED

23. Type of wages claimed: ☐ REGULAR PAY ☐ OVERTIME ☐ VACATION ☐ BONUS ☐ COMMISSION

☐ DEDUCTIONS ☐ PROFIT SHARING ☐ SEVERANCE ☐ OTHER _____

24. TOTAL DOLLAR AMOUNT CLAIMED: \$ _____

PERIOD OF TIME FOR WHICH YOU WERE NOT PAID: _____

25. EXPLAIN DETAILS: What did employer promise to pay you that was not paid? How do you calculate the amount owed? Use additional pages if necessary.

26. If witnesses SAW or HEARD conversations or other events that support your claim that the wages were promised but not paid, list them.

_____	_____	_____
Name	Position	Address (street, city, state, ZIP)
_____	_____	_____
Name	Position	Address (street, city, state, ZIP)

27. Did you demand payment? ☐ Yes ☐ No

28. Did the employer agree to pay part? ☐ Yes ☐ No If so, how much? \$ _____ Date Paid: _____

29. Did employer pay part of your demand? ☐ Yes ☐ No If so, how much? \$ _____ Date Paid: _____

30. List each demand. Give the best date you can. If your demand was in writing, ATTACH A COPY with the response if possible.

_____	_____	_____	_____
Date	Name	Position	Address (street, city, state, ZIP)
_____	_____	_____	_____
Date	Name	Position	Address (street, city, state, ZIP)

31. What reason did the employer give for refusing to pay? _____

WILLFUL AND KNOWING VIOLATIONS OF THE WAGE PAYMENT LAW

32. Did anyone in management KNOW that you were entitled to receive the wages but refused to pay? ☐ Yes ☐ No If Yes, list their names and position.
If corporate officers or agents, list each by title.

_____	_____	_____	_____
Date	Name	Position	Address (street, city, state, ZIP)
_____	_____	_____	_____
Date	Name	Position	Address (street, city, state, ZIP)

33. EXPLAIN what conversations, documents and other events convinced you that the above employers KNEW the employer was legally required to pay the wages and
WILLFULLY chose not to do so. _____

ANSWER ONLY IF YOUR CLAIM IS FOR:

34. VACATION PAY: Does employer have a written policy? ☐ Yes ☐ No If Yes: Attach a copy if possible. If No: What did the employer tell you in
regards to vacation earning and usage including payment at separation of employment? _____

35. SEVERANCE PAY: Did employer have a written policy about severance pay? ☐ Yes ☐ No If Yes: Attach a copy if possible. If No: What did
employer tell you about severance pay? _____

36. **RELEASE OF INFORMATION:** I do hereby authorize the employees of the Department of Labor to release this information to any person including the employer
herein to authenticate and to collect this claim.

37. **TRUTHFULNESS AND ACCURACY:** I do hereby swear or affirm that the foregoing information is the truth, the whole truth and nothing but the truth to the best of
my knowledge and belief.

38. Claimant's Signature: _____ 39. Date Signed: _____

[illegible]